

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 1

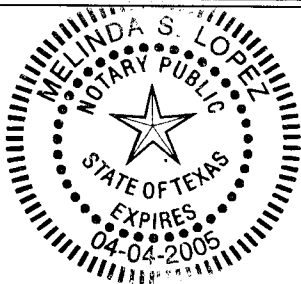
2003 JAN 15 PM 2:14

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 0		2 Total pages this report: 1/21	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Joshua S.			OFFICE USE ONLY Date Received	
	NICKNAME LAST SUFFIX Copeland				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 781386 San Antonio TX 78278			Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Howard W.			Receipt #	
	NICKNAME LAST SUFFIX Peak			Amount	
				Date Processed	
				Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 238 Medford San Antonio TX 78209				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () - 603-8457				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/09/2002 12/31/2002				
10 ELECTION	ELECTION DATE Month Day Year 05/03/2003		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Other -- City Council 8		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...				
	Name				
	Address/PO Box; Apt. / Suite #; City; State; Zip Code				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 ACCOUNT # (Ethics Commission files)	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)			
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS OUTSTANDING LOAN TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13185.00
	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0
	4.	TOTAL POLITICAL EXPENDITURES	\$ 7243.38
	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Joshua Copeland, this the 15th day of January, 20 03, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/21	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 10/01/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Dean Bibles 6 Contributor address; City; State; Zip Code 19714 La Sierra Blvd. San Antonio TX 78256-2016	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 12/13/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mrs. Lynda Billa Burke Contributor address; City; State; Zip Code 4414 Pecan Grove Dr. San Antonio TX 78222-3515	Amount of contribution (\$) 125.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/17/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Daniel Brenner Contributor address; City; State; Zip Code 2131 Border Mill Drive San Antonio TX 78230	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/12/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Ed Chandler Contributor address; City; State; Zip Code 19302 Atoka Way San Antonio TX 78256	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/13/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. John Harris Connell Contributor address; City; State; Zip Code 3311 Falling Brook San Antonio TX 78258	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JAN 15 PM 2:14

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/21	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 12/26/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mrs. Janet Copeland	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1326 Todd Trail Abilene TX 79602			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/13/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Eugene Dawson Jr.	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 208 Tower San Antonio TX 78232			
Principal occupation (Optional)		Employer (Optional)	
Date 11/12/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Lloyd Denton	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7979 Broadway San Antonio TX 78209			
Principal occupation (Optional)		Employer (Optional)	
Date 12/13/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Lloyd Denton	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7979 Broadway San Antonio TX 78209			
Principal occupation (Optional)		Employer (Optional)	
Date 12/13/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. William Ellis	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 29234 Seabiscuit Fair Oaks Ranch TX 78015			
Principal occupation (Optional)		Employer (Optional)	

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
JAN 15 PM 2:14

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 5/21	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 12/13/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) GSABA-SABPAC 6 Contributor address; City; State; Zip Code 8925 IH-10 W. San Antonio TX 78230	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 09/17/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Michael Garcia Contributor address; City; State; Zip Code 16914 Vista Village San Antonio TX 78247	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Paige Gollihar Contributor address; City; State; Zip Code 1701 Sylvan Abilene TX 79605	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Dr. William Gollihar Contributor address; City; State; Zip Code 2 Lytle Place Abilene TX 79602	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/24/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Mark Granados Contributor address; City; State; Zip Code 10223 McAllister Fwy. Suite 200 San Antonio TX 78216	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 DEC 15 PM 2:14

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 6/21	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 09/27/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Woodruff Halsey	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 3000 Charter Rock San Antonio TX 78230		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 12/13/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Wayne Harwell	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P.O. Box 17065 San Antonio TX 78217		
Principal occupation (Optional)		Employer (Optional)	
Date 12/26/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mrs. Tricia Hays	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 8611 Knoxville Lubbock TX 79423		
Principal occupation (Optional)		Employer (Optional)	
Date 12/10/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Victor Jouffray	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1502 Bellshire San Antonio TX 78216		
Principal occupation (Optional)		Employer (Optional)	
Date 07/22/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. William Kaufman	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 100 W. Houston San Antonio TX 78205		
Principal occupation (Optional)		Employer (Optional)	

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JAN 15 PM 1:14

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A 1**

(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 7/21	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 10/09/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Ross Laughead 6 Contributor address; City; State; Zip Code 5975 Lockhill Rd. San Antonio TX 78240-2010	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 11/07/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Ross Laughead Contributor address; City; State; Zip Code 5975 Lockhill Rd. San Antonio TX 78240-2010	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 09/17/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Adam Lynd Contributor address; City; State; Zip Code 25 Stratton Lane San Antonio TX 78257-1279	Amount of contribution (\$) 570.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 07/15/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Martin, Drought & Torres Inc. Contributor address; City; State; Zip Code 300 Convent Street 25th Floor San Antonio TX 78205-3789	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/01/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mrs. Helen Mayor Contributor address; City; State; Zip Code 2006 Elm Crest San Antonio TX 78230	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 8/21	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 12/13/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Glen (Sam) Mitts 6 Contributor address; City; State; Zip Code 10 Sherborne Wood San Antonio TX 78218-1771	7 Amount of contribution (\$) 125.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/01/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Andre Montwill Contributor address; City; State; Zip Code 1224 S. Main Boerne TX 78006	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 10/09/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mrs. Elaine Neenan Contributor address; City; State; Zip Code 6514 Pemmott San Antonio TX 78240	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 11/12/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Gene Powell Contributor address; City; State; Zip Code 11 Lynn Batts Ln. San Antonio TX 78218	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 12/15/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Gene Powell Contributor address; City; State; Zip Code 11 Lynn Batts Ln. San Antonio TX 78218	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

RECEIVED
CITY OF SAN ANTONIO
2003 JAN 15 PM 2:14

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
9/21

2 FILER NAME
Joshua S. Copeland

3 ACCOUNT # (Ethics Commission filers)
0

4 Date
12/13/2002

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Robert Richardson

7 Amount of contribution (\$)
500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code
5907 Royal Crest
Dallas TX 75230

9 Principal occupation (Optional)

10 Employer (Optional)

Date
12/13/2002

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. John Schaefer

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
8620 N. New Braunfels
Suite 400
San Antonio TX 78217

Principal occupation (Optional)

Employer (Optional)

Date
09/17/2002

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. David Starr

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
2161 N.W. Military Hwy.
San Antonio TX 78213

Principal occupation (Optional)

Employer (Optional)

Date
09/27/2002

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Barney Tearney

Amount of contribution (\$)
200.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
5406 Encino Park
San Antonio TX 78240

Principal occupation (Optional)

Employer (Optional)

Date
09/30/2002

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mr. Jimmy Tucker

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code
13910 Foothills Court
San Antonio TX 78249

Principal occupation (Optional)

Employer (Optional)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JAN 15 PM 2:14

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 10/21	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 12/13/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Donald Walker	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 414 Cove Bluff San Antonio TX 78216		
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 10/09/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ms. Janis Witt	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code P.O. Box 780326 San Antonio TX 78278		
Principal occupation (Optional)		Employer (Optional)	
Date 11/02/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. G. W. Worth	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 6929 Camp Bullis Road San Antonio TX 78256		
Principal occupation (Optional)		Employer (Optional)	
Date 09/17/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mr. Christopher Wyatt	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2126 W. Mistletoe San Antonio TX 78201		
Principal occupation (Optional)		Employer (Optional)	

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 11/21	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 08/01/2002	5 Payee name AT&T Wireless		7 Amount (\$) 117.96
6 Payee address; City; State; Zip Code P.O. Box 650054 Dallas TX 75265-0054			
8 Purpose of expenditure (See instructions regarding type of information required.) Wireless Services		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/17/2002	Payee name AT&T Wireless		Amount (\$) 90.96
Payee address; City; State; Zip Code P.O. Box 650054 Dallas TX 75265-0054			
Purpose of expenditure (See instructions regarding type of information required.) Wireless Services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 09/15/2002	Payee name Allegra Print and Imaging		Amount (\$) 674.76
Payee address; City; State; Zip Code 338 Breesport San Antonio TX			
Purpose of expenditure (See instructions regarding type of information required.) Printing		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 09/17/2002	Payee name Allied Advertising		Amount (\$) 140.71
Payee address; City; State; Zip Code 3700 Blanco San Antonio TX 78212			
Purpose of expenditure (See instructions regarding type of information required.) Banners		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

RECEIVED
 CITY OF SAN ANTONIO
 CITY CLERK
 2003 JAN 15 PM 2:14

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 12/21	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 08/27/2002	5 Payee name Best Buy Inc.		7 Amount (\$) 987.46
6 Payee address; City; State; Zip Code 125 NW Loop 410 San Antonio TX 78216			
8 Purpose of expenditure (See instructions regarding type of information required.) Computer		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 08/29/2002	Payee name Best Buy Inc.		Amount (\$) 215.68
Payee address; City; State; Zip Code 125 NW Loop 410 San Antonio TX 78216			
Purpose of expenditure (See instructions regarding type of information required.) Software		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/12/2002	Payee name Chili's		Amount (\$) 30.00
Payee address; City; State; Zip Code 12503 IH-10 W. San Antonio TX 78230-1026			
Purpose of expenditure (See instructions regarding type of information required.) Gift Cards for Silent Auction		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 08/01/2002	Payee name Cingular Wireless		Amount (\$) 247.05
Payee address; City; State; Zip Code P.O. Box 4460 Houston TX 77097-0082			
Purpose of expenditure (See instructions regarding type of information required.) Wireless Services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 10 15 PM 2:14

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
13/21**2 FILER NAME**

Joshua S. Copeland

3 ACCOUNT # (Ethics Commission filers)
0**4 Date**

12/17/2002

5 Payee name

Cingular Wireless

7 Amount

(\$)

135.86

6 Payee address; City; State; Zip Code

P.O. Box 4460

Houston TX 77097-0082

8 Purpose of expenditure (See instructions regarding type of information required.)

Wireless Services

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/15/2002

Payee name

City of San Antonio Parks Department

Amount

(\$)

70.00

Payee address; City; State; Zip Code

Brackenridge

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

Reservation

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

09/30/2002

Payee name

City of San Antonio/City Clerk's Office

Amount

(\$)

40.00

Payee address; City; State; Zip Code

Military Plaza

City Hall

San Antonio TX 78205

Purpose of expenditure (See instructions regarding type of information required.)

Reservation

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

12/19/2002

Payee name

City of San Antonio/City Clerk's Office

Amount

(\$)

10.00

Payee address; City; State; Zip Code

Military Plaza

City Hall

San Antonio TX 78205

Purpose of expenditure (See instructions regarding type of information required.)

Candidate Packet

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

RECEIVED
 CITY OF SAN ANTONIO
 CITY CLERK
 2003 JAN 15 PM 2:15

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

POLITICAL EXPENDITURES**SCHEDULE F**

2003 JAN 15 PM 2:15

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 14/21
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0
4 Date 12/01/2002	5 Payee name City of San Antonio 6 Payee address; City; State; Zip Code San Antonio TX 78205	7 Amount (\$) 2.00
8 Purpose of expenditure (See instructions regarding type of information required.) Parking		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/19/2002	Payee name Josh Copeland Payee address; City; State; Zip Code 3445 Turtle Village Dr. San Antonio TX 78230-3937	Amount (\$) 241.86
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement-Office Supplies,P.O. Box		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 08/06/2002	Payee name Josh Copeland Payee address; City; State; Zip Code 3445 Turtle Village Dr. San Antonio TX 78230-3937	Amount (\$) 530.00
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement-Website		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/31/2002	Payee name Josh Copeland Payee address; City; State; Zip Code 3445 Turtle Village Dr. San Antonio TX 78230-3937	Amount (\$) 149.70
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement-website monthly fees (2002)		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

CITY OF SAN ANTONIO
CITY CLERK**POLITICAL EXPENDITURES****SCHEDULE F**

2003 JAN 15 PM 2: 15

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 15/21	
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0	
4 Date 10/09/2002	5 Payee name Festivities 6 Payee address; City; State; Zip Code 2267 N.W. Military Hwy. San Antonio TX 78213		7 Amount (\$) 15.55
8 Purpose of expenditure (See instructions regarding type of information required.) Balloons		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 11/01/2002	Payee name Friends of Friedrich Park Payee address; City; State; Zip Code 21395 Milsa San Antonio TX 78256		Amount (\$) 40.00
Purpose of expenditure (See instructions regarding type of information required.) Dinner plates		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/31/2002	Payee name Frost National Bank Payee address; City; State; Zip Code P.O. Box 1600 San Antonio TX 78296		Amount (\$) 60.00
Purpose of expenditure (See instructions regarding type of information required.) Monthly Fees (2002)		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 09/03/2002	Payee name Greater S.A. Chamber of Commerce Payee address; City; State; Zip Code 602 E. Commerce San Antonio TX 78205		Amount (\$) 10.00
Purpose of expenditure (See instructions regarding type of information required.) Breakfast		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 JAN 15 PM 2:15

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 16/21
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0
4 Date 09/19/2002	5 Payee name Greater S.A. Chamber of Commerce 6 Payee address; City; State; Zip Code 602 E. Commerce San Antonio TX 78205	7 Amount (\$) 10.00
8 Purpose of expenditure (See instructions regarding type of information required.) Breakfast		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/01/2002	Payee name Greater S.A. Chamber of Commerce Payee address; City; State; Zip Code 602 E. Commerce San Antonio TX 78205	Amount (\$) 10.00
Purpose of expenditure (See instructions regarding type of information required.) Breakfast		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/31/2002	Payee name Guerra,DeBerry & Coody Payee address; City; State; Zip Code 122 E. Houston Street 2nd Floor San Antonio TX 78278	Amount (\$) 467.88
Purpose of expenditure (See instructions regarding type of information required.) Design and Production		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/15/2002	Payee name Guerra,DeBerry & Coody Payee address; City; State; Zip Code 122 E. Houston Street 2nd Floor San Antonio TX 78278	Amount (\$) 685.85
Purpose of expenditure (See instructions regarding type of information required.) Design and Production		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

2003 JAN 15 PM 2: 15

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 17/21
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0
4 Date 10/08/2002	5 Payee name HEB Grocery 6 Payee address; City; State; Zip Code IH-10 West San Antonio TX 78230	7 Amount (\$) 62.83
8 Purpose of expenditure (See instructions regarding type of information required.) Event Food/Drinks		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/02/2002	Payee name Kristen Hollembeak Payee address; City; State; Zip Code 245 CR 664 Devine TX 78016	Amount (\$) 180.00
Purpose of expenditure (See instructions regarding type of information required.) Administrative assistance		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/03/2002	Payee name Kinkos Inc. Payee address; City; State; Zip Code IH-10 West San Antonio TX 78230	Amount (\$) 18.63
Purpose of expenditure (See instructions regarding type of information required.) Copies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/19/2002	Payee name Office Max Payee address; City; State; Zip Code 255 E. Basse San Antonio TX 78209	Amount (\$) 31.23
Purpose of expenditure (See instructions regarding type of information required.) Copies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

POLITICAL EXPENDITURES**SCHEDULE F**

2003 JAN 15 PM 2: 15

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 18/21
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0
4 Date 09/17/2002	5 Payee name Postmaster 6 Payee address; City; State; Zip Code 12951 Huebner Road San Antonio TX 78230	7 Amount (\$) 208.20
8 Purpose of expenditure (See instructions regarding type of information required.) Postage		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/15/2002	Payee name Postmaster Payee address; City; State; Zip Code 12951 Huebner Road San Antonio TX 78230	Amount (\$) 305.00
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/04/2002	Payee name Quik Print Payee address; City; State; Zip Code NW Loop 410 San Antonio TX 78229	Amount (\$) 109.42
Purpose of expenditure (See instructions regarding type of information required.) Printing		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/13/2002	Payee name Quik Print Payee address; City; State; Zip Code NW Loop 410 San Antonio TX 78229	Amount (\$) 141.51
Purpose of expenditure (See instructions regarding type of information required.) Printing		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JAN 15 PM 2:15

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 19/21
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0
4 Date 12/17/2002	5 Payee name Republican Men's Club of Bexar County	7 Amount (\$) 25.00
6 Payee address; City; State; Zip Code San Antonio TX		
8 Purpose of expenditure (See instructions regarding type of information required.) Dues		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/11/2002	Payee name Ms. Tanya Smith	Amount (\$) 85.22
Payee address; City; State; Zip Code 3445 Turtle Village Dr. San Antonio TX 78230		
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement-Event Food		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 07/19/2002	Payee name Time Warner Cable	Amount (\$) 91.85
Payee address; City; State; Zip Code P.O. Box 650734 Dallas TX 75265-0734		
Purpose of expenditure (See instructions regarding type of information required.) Roadrunner Service		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/11/2002	Payee name Time Warner Cable	Amount (\$) 91.85
Payee address; City; State; Zip Code P.O. Box 650734 Dallas TX 75265-0734		
Purpose of expenditure (See instructions regarding type of information required.) Roadrunner Service		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

CITY CLERK

SCHEDULE F

2003 JAN 15 PM 2:15

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 20/21
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0
4 Date 09/27/2002	5 Payee name Tomatillos 6 Payee address; City; State; Zip Code 3210 Broadway San Antonio TX 78209	7 Amount (\$) 37.95
8 Purpose of expenditure (See instructions regarding type of information required.) Luncheon		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09/15/2002	Payee name Wal-mart Payee address; City; State; Zip Code De Zavala San Antonio TX 78249	Amount (\$) 52.72
Purpose of expenditure (See instructions regarding type of information required.) Office Supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/09/2002	Payee name Wal-mart Payee address; City; State; Zip Code De Zavala San Antonio TX 78249	Amount (\$) 110.90
Purpose of expenditure (See instructions regarding type of information required.) Event Decorations		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12/14/2002	Payee name Wal-mart Payee address; City; State; Zip Code De Zavala San Antonio TX 78249	Amount (\$) 374.62
Purpose of expenditure (See instructions regarding type of information required.) Camera		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE G

2003 JAN 15 PM 2:15

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 21/21
2 FILER NAME Joshua S. Copeland		3 ACCOUNT # (Ethics Commission filers) 0
4 Date 09/05/2002	5 Payee name Ampco System Parking 6 Payee address; City; State; Zip Code Military Plaza San Antonio TX 78205 7 Purpose of expenditure (See instructions regarding type of information required.) Parking fee	8 Amount (\$) 5.00 <input type="checkbox"/> Reimbursement from political contributions intended
Date 10/01/2002	Payee name Ampco System Parking Payee address; City; State; Zip Code Military Plaza San Antonio TX 78205 Purpose of expenditure (See instructions regarding type of information required.) Parking Fee X2	Amount (\$) 10.00 <input type="checkbox"/> Reimbursement from political contributions intended
Date 07/19/2002	Payee name Best Buy Inc. Payee address; City; State; Zip Code 125 NW Loop 410 San Antonio TX 78216 Purpose of expenditure (See instructions regarding type of information required.) Printer	Amount (\$) 291.45 <input type="checkbox"/> Reimbursement from political contributions intended
Date 09/20/2002	Payee name Postmaster Payee address; City; State; Zip Code 12951 Huebner Road San Antonio TX 78230 Purpose of expenditure (See instructions regarding type of information required.) Stamps	Amount (\$) 26.70 <input type="checkbox"/> Reimbursement from political contributions intended